# FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB	APPROVAL

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Serial

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# FORM D

CESSED<sub>EC USE ONLY</sub> NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. DATE RECEIVED SECTION 4(6), AND/OR THOMSON UNIFORM LIMITED OFFERING EXEMPTION FINANCIA

Name of Offering (☐ check if this is  Amarillo Creek, L.L.C.	an amendment and nam	e has changed, a	nd indicate cl	nange.)	/6	211651	
Filing Under (Check box(es) that appl	y: □ Rule 504	□ Rule 505	<b>⊠</b> Rule 506		Section 4(6)	□ ULOE A	
Type of Filing:   New Filing □ A	mendment					A. A PECI	EIVED (CO)
	A. BA	SIC IDENTIFI	CATION DA	ATA		1 1	A.C.
1. Enter the information requested about	out the issuer					CC DFC 1	1 2002
Name of Issuer (☐ check if this is an Amarillo Creek, L.L.C.	amendment and name h	as changed, and	indicate chan	ige.)		The same of the sa	
Address of Executive Offices  5346 East Calle del Norte, 1		ımber and Street, (	City, State, Zip	Code)	1 -	. 2:0//	ode) / S
Address of Principal Business Operati	ons (No	umber and Street, (	City, State, Zip	Code)	Telephone Ni	umber (Including Area Č	ode
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Amarillo Creek, L.L.C.  Address of Executive Offices (Number and Street, City, State, Zip Code)  5346 East Calle del Norte, Phoenix, AZ 85018  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Purchasing, owning, holding, developing and/or selling real estate  Type of Business Organization   limited partnership, already formed   other (please specify): limited liability company   limited partnership, to be formed  Month Year  Actual or Estimated Date of Incorporation or Organization:  08 02 Actual   Estimated							
Brief Description of Business							•
	g, developing and/or sell	ing real estate					
• • •			_	<b>.</b> .			
•	1 .	•	⊵	other	(please specif	y): limited liability co	mpany
□ business trust	☐ limited partnership.	to be formed					
Actual or Estimated Date of Incorpora Jurisdiction of Incorporation or Organ		er U.S. Postal Se	08	02		Actual   Estimated	
	•	da; FN for other			AZ	Z	

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00)

1 of 8



A. BASIC IDENTIFICATION DATA
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the</li> </ul>
issuer;
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: 🛛 Promoter 🖾 Beneficial Owner 🔯 Executive Officer 🔲 Director 🖾 General and/or Managing Partner
Full Name (Last name first, if individual)
Mesquite Landing Management, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code)
5346 East Calle del Norte, Phoenix, AZ 85018
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last name first, if individual)
Michael S. Koslow and Patricia L. Koslow
Business or Residence Address (Number and Street, City, State, Zip Code)
5346 East Calle del Norte, Phoenix, AZ 85018
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last name first, if individual)
MSK Amarillo Investments, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code)
5346 East Calle del Norte, Phoenix, AZ 85018
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last name first, if individual)
H & F Amarillo Investments, L.L.C.  Business or Residence Address (Number and Street, City, State, Zip Code)
2870 Sterling Road, Hollywood, FL 33020
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last name first, if individual)
Desert Cedars, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code)
5346 East Calle del Norte, Phoenix, AZ 85018
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last name first, if individual)
KSI Funding, Inc. Business or Residence Address (Number and Street, City, State, Zip Code)
5 Highland Road, Montvale, NJ 07645
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
FEIT Management Company Business or Residence Address (Number and Street, City, State, Zip Code)
2870 Sterling Road, Hollywood, FL 33020
2570 Sterring Road, Hony would, TE 35020

	•				B. INFOR	MATION	ABOUT C	FFERING	}				
1. Has	the issuer se	old, or does	the issuer i	ntend to se	ll, to non-ac	ccredited in	vestors in t	his offering	?		.,,,	Yes	No
		,			ŕ		filing unde	Č					
2. Wha	t is the min	imum inves	stment that		•	,	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	.\$3,450	.000
			int ownersh		•	•						Ves	No
4. Ente simi an a brok	r the inform lar remuner ssociated po er or dealer	nation reque ation for so erson or ag r. If more t	ested for ear dicitation of ent or a brothan five (5 oker or deale	ch person v f purchaser oker or dea ) persons to	vho has bee s in connec der register	en or will be tion with sa ed with the	e paid or gi ales of secur e SEC and/	ven, directl rities in the or with a s	y or indired offering. It tate or state	etly, any con a person to es, list the	mmission o be listed i name of the	r s e	
Full Name (L	ast name fi	rst, if indiv	idual)								-		
Business or F	Residence A	ddress (Nu	imber and S	Street, City,	State, Zip	Code)							,
Name of Ass	ociated Bro	ker or Deal	er										
States in whi			Solicited or									. 🗆 All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [MV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MC [PA [PR	)] ]
Full Name (I	ast name fi	irst, if indiv	idual)										
Business or I	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)	•						
Name of Ass	ociated Bro	oker or Deal	ler					.,			S.		
States in whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(Check "All	States" or c	heck indivi	dual States)			••••	***************************************					.□ All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [MV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [M( [PA [PR	Ď] .]
Full Name (I	ast name f	irst, if indiv	ridual)	<del></del>							<u> </u>		-
Business or	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)							<del></del>
Name of Ass	sociated Bro	oker or Dea	ler	· · · · · · · · · · · · · · · · · · ·	****								
States in wh	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers							
(Check "All	States" or c	heck indivi	dual States)	)				•••••	••••••			.D All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [MV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [M( [PA [PR	Ď] .]

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEED	S_	
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer in "none" or "zero". If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$
	Equity	\$		\$
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$	_	\$
	Partnership Interests	\$		\$
	Other (Specify) Membership Interests	\$ 7,605,000		\$ 7,605,000
	Total	\$ 7,605,000		\$ 7,605,000
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	2	-	\$ 7,605,000
	Non-accredited Investors	N/A	_	\$ <u>N/A</u>
	Total (for filings under Rule 504 only)		-	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505	·		\$
	Regulation A		-	\$
	Rule 504		-	\$
	Total		•	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-	
	Transfer Agent's Fees			\$
	Printing and Engraving Costs		כ	\$
	Legal Fees		X	\$5,000
	Accounting Fees			\$
	Engineering Fees		]	\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)	[		\$
	Total		X	\$5,000

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions  Yes No of such rule?									
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer if familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.									
Issi	Amarillo Creek, L.L.C.  Signature  Date									
	me (Print or Type)  Title (Print or Type)  Member of Desert Cedars, L.L.C., the Manager of									
Mi	chael S. Koslow Mesquite Landing Management, L.L.C. (Issuer's Manager)									

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	• 2	2	3	<del></del>		4			5	
	Intend to non-ac investors (Part B-	in State	Type of security and aggregate offering price offered in state (Part C-Item1)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK				<del></del>						
AZ		Х	Membership interest/ \$4,155,000	1	\$4,155,000	0	0		х	
AR										
CA										
СО										
СТ										
DE										
DC										
FL		Х	Membership interest/ \$3,450,000	I	\$3,450,000	0	0		х	
GA										
HI										
ID										
IL										
IN										
IA						<u> </u>				
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# APPENDIX

1	2 3			3 4 5								
	Intend to non-ac investors (Part B-	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item1)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
MT												
NE												
NV												
NH												
NJ												
NM												
NY												
NC							<del></del>					
ND							<u> </u>					
ОН												
OK												
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PA												
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